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PROVIDER REVIEW NEWSLETTER

**State of Arizona, Department of Economic Security Comprehensive Medical
and Dental Program**

Why Language And Culture Are Important

Diversity.com

America is a country of many races and cultures, and with each passing year, more health care providers are recognizing the challenge of caring for patients from diverse linguistic and cultural backgrounds. Health care professionals and managers must have a basic understanding of the impact of language and culture on health care delivery in order to efficiently organize services that meet the needs of both the institution and a diverse patient population.

Linguistic and cultural diversity is an inescapable fact of modern American society. According to the 1990 Census, 31.8 million residents of the United States -- 14 percent of the total population -- spoke a language other than English at home. Spanish was the most frequently spoken language, followed by French or Creole, German, Chinese, and Italian. A total of 4.5 million Americans spoke an Asian or Pacific Island language. In some states, the percentages of those speaking a language other than English at home were significantly higher than the national average--36 percent in New Mexico, 31 percent in California, and 20 percent each in Arizona, Hawaii, New Jersey, New York, and Texas.

The challenge of learning a new language is significant. Basic language proficiency often takes years to achieve, and even then, familiarity with medical terminology and concepts may still be lacking. There are typically never enough English-as-a-Second-Language classes to meet demands, and aspiring candidates often wait months or years to move up on waiting lists. Lack of basic reading and writing skills in a person's native language (or speaking a language with no written form) hinders the ability to learn a new language. Finally, in times of significant stress or emotional trauma, such as dealing with an illness or injury, even individuals with years of English experience often revert to the "mother tongue."

Health care facilities in almost every large U.S. city and many suburban and rural areas are serving diverse patient populations. Even though most health care providers want to offer them the same attention and concern as to any other patient, limited English proficient (LEP) patients encounter obstacles at every turn.

They may delay making an appointment because of the difficulty communicating over the telephone. Meanwhile, the health problem may become more severe or

advanced requiring more expensive or invasive treatment. Misunderstandings about the time, date, and location of appointments are more likely to occur if the patient does not understand English. Even when patients arrive at the facility on time, they may be late for appointments because of difficulty communicating with registration staff. Furthermore, the medical interview and examination present unlimited possibilities for confusion and potential serious misunderstanding can occur since complete and accurate medical history is crucial to an accurate diagnosis. Sophisticated technology and diagnostic procedures are not substitutes for clear patient-provider communication. In addition, miscommunication can result in unnecessary or inaccurate tests. Even when tests are necessary, if patients are not given instructions in a language they can understand, they may not be adequately prepared physically or psychologically to undergo these sometimes painful and frightening procedures. Likewise, if patients are to comply with a treatment plan, they must have a clear understanding of what is required of them.

New Codes to Replace AHCCCS' Local Codes

Many state Medicaid programs, including AHCCCS, have adopted local codes to address specific programs. Under the Health Insurance Portability and Accountability Act (HIPAA), all local codes must be replaced with the appropriate HCPCS and CPT-4 codes. In addition, a number of new codes have been added to HCPCS to accommodate items that did not have codes before.

Providers may bill with the new codes for dates of service on and after October 1, 2003. Providers may continue to use the current AHCCCS-specific local codes for dates of service prior to January 1, 2004. For dates of services on and after January 1, provider must not bill with the AHCCCS-specific codes and must use the new codes. This change in coding requirements applies to providers who submit claims electronically and on paper. AHCCCS local codes include the "W", "Y", and "Z" codes as well as the Indian Health Service-specific codes (00090-00099). AHCCCS will soon publish a crosswalk showing the local codes that are being eliminated and the new codes, which must be used. The crosswalk will be published on the AHCCCS website at <http://www.ahcccs.state.az.us> or at the CMDP website, <http://www.de.state.az.us/dcyf/cmdpe> under local code crosswalk.

DR. C says...

**By Dr. Jerry Caniglia, Dental Consultant
"Arizona's Children Oral Health Report"**

According to the Arizona Department of Health Services:

- Arizona's children have more decay experience and untreated decay than the US average.
- Arizona's oral disease rates are high and preventive methods are under utilized.

- 31% of children have never had a dental check-up.
- 5% of children, ages 6 months-2 yrs, have experienced tooth decay.
- 37% of children, ages 2-4 yrs, with tooth decay experience.
- 60 % of children, ages 6-8 years, with tooth decay experience.
- Over 43 % of children, ages 6-8 years, have untreated decay.
- 65 % of children, ages 11-13 years, with tooth decay experience.
- Only 8 % of 8 year-olds have had dental sealants.

With the proper use of tested preventive methods, the high level of oral disease in Arizona's children can be significantly reduced.

HEADS UP ON IMMUNIZATIONS!

We would like to remind you again how important it is to make sure all children in our care are immunized timely. It is also vitally important that those immunizations be recorded in the ASIIS system. Providers are required to document all immunizations in the ASIIS system, but unfortunately this is not being done. When CMDP goes into the ASIIS system to retrieve immunization records or get immunization forecasts for the foster child's case manager, the system is incorrect. When providers are contacted to bring the children's immunizations up to date, (based on ASIIS information) CMDP is told that the immunizations, in most cases, are current. It is especially important with foster children that the ASIIS system be updated because foster children frequently change residences and providers. ASIIS then becomes the main source of information regarding the children's immunization status. Please make sure your office staff is trained to enter information into the ASIIS system. The process is simple and quick; it only takes a couple of minutes to update the information in the ASIIS system. If you need additional information or training on ASIIS please call (602) 230-5894 in Phoenix or toll-free at (877) 491-5741 outside of Phoenix for training class locations and times. This training is free.

Also, we would like you to be aware that the annual AHCCCS Immunization Audit is coming up in October/November. CMDP's staff may be calling your offices to get up to date immunization records on selected 2 year olds, so please be sure that your immunization records are updated and be prepared to fax them to CMDP should one of our staff call you. Your cooperation in this audit is greatly appreciated.

Abuse Can Happen To Anyone

Providers, please be aware of potential abusive scenarios! We may think that if our children have been removed from their biological home and placed with a foster home that the possibility of abuse is minimal. With recent events occurring within our own state, unfortunately, we must stay aware and alert to the possibility of child abuse. Please, have your index of suspicion remain high.

Remember, all children have the potential to be abused, even in the foster care or relative placement setting.

Please, contact the Medical Services Department and speak with one of our nurses if you have any questions or concerns. Our Care Coordination Team is available to staff any case and assist with potential referrals or services.

Medifax to Display Messages Advising Providers if Recipient's Record Has Primary or Secondary ID

Effective July 1, Medifax will display warning messages to advise providers that the recipient eligibility record that they are attempting to verify has a primary ID or a secondary ID. Medifax previously did not provide any information on secondary records other than returning the primary AHCCCS ID number for the recipient.

The change has been made to display verification information when the provider enters the recipient's secondary ID. AHCCCS receives member demographics from several eligibility sources, and members do not always provide consistent information. When transactions are received from the eligibility source, every effort is made to match the member with an existing recipient record. Sometimes, however, a second record is created. When multiple records are identified, the records are linked together creating primary and secondary IDs.

When a provider enters a secondary ID, the following message is displayed:

"Warning Information: The AHCCCS ID entered is a Secondary AHCCCS ID. Correct AHCCCS ID is: #####."

Medifax will then furnish the requested information on the secondary ID record. When a provider enters a primary ID for a recipient with a linked secondary ID, the following message is displayed:

"Warning Information: The AHCCCS ID entered has a Linked Secondary AHCCCS ID: #####. "

Medifax will then furnish the requested information.

If the health plan on the primary ID record indicates fee-for-service status (e.g., 008690, FFS Temporary) but the secondary ID indicates enrollment in a health plan, the primary record will display the word "Second" in place of the fee-for-service plan number. Medifax will advise the provider to "Check secondary for enrollment."

MEDIFAX not the only way to check AHCCCS eligibility...

Providers who need to verify the eligibility and enrollment of an AHCCCS member should use one of the alternative verification processes during this period. These processes include:

- **Interactive Voice Response system (IVR)**

IVR allows unlimited verifications by entering information on a touch-tone telephone. Providers may call IVR at: Phoenix: (602) 417-7200 All others: 1-800-331-5090

- **Medical Electronic Verification System (MEVS)**
MEVS uses "swipe card" technology to verify eligibility and enrollment. For information on MEVS, contact one of the MEVS vendors: Envoy: 1-800-366-5716 Potomac Group: 1-800-444-4336
- **Eligibility Verification System (EVS)**
EVS, also known as Medifax, allows providers to use a PC or terminal to access eligibility and enrollment information. For information on EVS, contact the Potomac Group at 1-800-444-4336
- **Internet**
AHCCCS has developed a Web application that allows providers to verify eligibility and enrollment using the Internet. To create an account and begin using the application, go to the AHCCCS Home Page at <http://www.ahcccs.state.az.us> Click on the Information for Providers link to go to the Providers page. A link on the Providers page allows providers to create an account.

CMDP Verification...

CMDP offers our providers eligibility verification via e-mail. Member Services will reply promptly. We would also encourage you to contact us at least one day prior to the member's appointment, whether requesting verification by telephone or by e-mail. This will enable CMDP to resolve any eligibility issues prior to the member's appointment.

Member Services e-mail addresses:

Linda.Knauss-Cook@mail.de.state.az.us

Mirtha.Moreno@mail.de.state.az.us

Rhonda.Cisneros@mail.de.state.az.us

Vision Therapy—WHAT IS IT?

The American Academy of Pediatrics, the American Academy of Ophthalmology, and the American Association for Pediatric Ophthalmology and Strabismus put out a joint statement regarding Vision Therapy. "Visual problems are rarely responsible for learning difficulties. No scientific evidence exists for the efficacy of eye exercises (vision therapy) or the use of special tinted lenses in the remediation of these complex pediatric developmental and neurological conditions." Additionally, the Hayes Medical Technology Directory has given Vision Therapy a C-D rating. The C rating is considered "Investigational and/or experimental" and the D rating is considered "Investigational and/or experimental or not efficacious and/or not safe". The Hayes Directory reviews new and existing technologies and concludes "the evidence to support the efficacy of vision therapy for visual dysfunctions and dyslexia and other reading disabilities

is generally of poor quality and inconclusive". Research has shown that the majority of children and adults with reading difficulties experience a variety of problems with language that stem from altered brain function and that such difficulties are not caused by altered visual function. Currently, there is no scientific evidence that supports the view that correction of subtle eye defects can alter the brain's processing of visual stimuli.

The American Academy of Ophthalmology recommends that children who have learning disabilities should: receive early comprehensive educational, psychological, and medical assessments; receive educational remediation combined with appropriate psychological and medical treatment; and avoid remedies involving eye exercises, filters, tinted lenses, or other optical devices that have no known scientific proof of efficacy.

Please, contact the CMDP Medical Services Department with any questions regarding Vision Therapy or contact the Provider Services Department for registered Pediatric Ophthalmologists in your area.

\$\$\$\$\$\$\$ CLAIMS UPDATE! \$\$\$\$\$\$\$

To expedite processing of your claims, HCFA claims should have the following:

- BOX 31-Treating Provider's Signature
- BOX 32 Provider's Name and address (the Physical Location where the services are provided)
- BOX 33 should have the Group Name, Billing Address & Provider AHCCCS ID.
- All dental claims need to have the affiliation name and provider ID#.

Effective July 1, 2003 AHCCCS approved codes and the rate for Ambulatory Surgical Center (ASC) Group 9. The rate for group 9 is \$1,331.00. Not all CPT codes that have been approved by CMD for inclusion in an ASC group are AHCCCS covered services. A complete list of ASC groups and the CPT codes that are included in each group can be downloaded from the CMS website:

<http://www.cms.hhs.gov>

AHCCCS to End Coverage of Codes D1310, D1330

Effective July 1, 2003 AHCCCS will no longer separately reimburse dental provider for codes D1310 (Nutritional counseling for control of dental disease) and D1330 (Oral Hygiene instructions). Discussion of general nutrition and oral hygiene instruction is considered included and should be reported as part of routine dental exams.

AHCCCS also has re-opened CDT-3 codes that had been closed effective April 1, 2003. Codes that were deleted in the CDT-4 Manual will be kept open until September 30, 2003.

PRESCRIPTION PLUS!

Did you know that you could request that your prescriptions be translated into 8 different languages? Among the many factors contributing to non-compliance is simply not understanding prescription directions. Traditionally a melting pot, America recently has seen large numbers of people immigrating from all over the world. Most do not arrive fluent in English. This also becomes apparent with our children in foster care. Many of our foster children are in relative placement. Even if the child speaks English, their caregivers may not. This has the potential for misinterpreting the medication labels and instructions, with drastic consequences. Walgreens Health Initiatives (WHI), our pharmaceutical benefits manager, has addressed this important issue by making prescription labels available in eight languages – Spanish, Russian, Mandarin Chinese, Polish, Vietnamese, French, Portuguese, and English – at all Walgreen retail pharmacies. Compliance and understanding is key to patient health and reduced healthcare costs.

Please, contact the Medical Services Department for any additional information.

Behavioral Health Rapid Response

As of August 15, 2003, the Arizona Department of Health Services (ADHS) has implemented a policy revision concerning the timeliness of services by the Regional Behavioral Health Authorities (RBHA). The RBHA will now be responsible for responding to “Urgent” referrals on new children in the CPS system within 24 hours of notification that they are or will be removed from their home. RBHA services do not depend upon Title XIX eligibility (Medicaid). The RBHA will not complete a Comprehensive Assessment during that time, but will assess for the immediate needs of the child and provide services if the need is identified. The RBHA should respond in a timely manner according to the following timeframes:

- **Immediate responses** should be initiated without delay, but no later than two hours from the initial identification of need.
- **Urgent responses** must be initiated no later than 24 hours upon notification by DES/CPS that a child has been, or will be removed from their homes. RBHA services do not depend upon Title XIX eligibility.
- **Routine responses** the first behavioral health service appointment should be provided within the time frames according to the needs of the child, but no later than 23 days from the date of the initial assessment.

This change does not affect CMDP’s current procedures. Please contact the child’s case manager or the CMDP Behavioral Health Coordinators at (602) 351-2245 or (800) 201-1795, if you have further questions.

CMDP Contacts:

(602) 351-2245 (800) 201-1795

MEMBER SERVICES

Rhonda Cisneros	7080
Linda Knauss	7078
Mirtha Moreno	7076

We are available to verify a Member's eligibility. Please call with their name, date of birth & date of service and ID number.

PROVIDER SERVICES

Cathy Nunez	7042
Robert Casillas	7112
Shelly Persons	7110

For all your concerns, Provider Services will assist your needs or direct you to the appropriate department.

CLAIMS

For verification of claim status, please ask the operator for a claims representative.

MEDICAL SERVICES

Susan Stephens-Groff, M.D., Medical Director	7065
Mary Ferrero, R.N., Medical Services Director	7070
Hospitalizations	7062
EPSDT	7063
Prior Authorizations	7067
Behavioral Health	7009/7060
Social Services, ER, Dental	7073

Please contact Medical Services with any questions regarding the medical needs of our members.

"WEB CORNER"

The following is a list of web sites we recommend to assist your office. If you have any you wish to add and share with other providers please contact Provider Services.

CMDP's Website: <http://www.de.state.az.us/links/foster/cmdpe/index.html>

UPDATED CAP FEE SCHEDULE, AHCCCS Provider Manual and more available at: <http://www.ahcccs.state.az.us>

CHILDREN'S REHABILITATIVE SERVICES (CRS), information and referral forms: <http://www.hs.state.az.us/phs/ocshcn/crs.index.htm>

Need any GROWTH-CHARTS? Download them from the CDC: <http://www.cdc.gov/growcharts/>

VACCINES FOR CHILDREN (VFC) Program:

<http://www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm>

Every Child by Two Immunizations: <http://www.ecbt.org>

ASIIS and TAPI: <http://www.whymmunize.org/us.htm>

Health Data Management: <http://www.healthdatamanagement.com>

American Academy of Pediatrics: <http://www.aap.org>

National Center for Children in Poverty: <http://www.nccp.org>

Equal Opportunity Employer/Program

This document available in alternative formats by contacting Provider Services.

Provider Services needs your EMAIL address!

CMDP would like to send information to our providers via e-mail. This would enable CMDP to provide your offices with timely and up to date communication, and improve communication between our providers and your representatives. Please complete the following information:

Email Address:

Group Name:

Physician's Name:

Physician's Name:

Physician's Name:

Physician's Name:

Office Telephone

Number:

Please call, fax or email to any of the following:

- **Phone:** (602) 351-2245 or (800) 201-1795 Ext. 7042, 7110, 7112
- **Fax:** (602) 264-3801
-

Email:

Cnunez@mail.de.state.az.us

Rcasillas@mail.de.state.az.us

Spersons@mail.de.state.az.us